RECEIVED

FEC FORM 1		ORGA	ORGANIZATION				2014 MAR 18 AM 9: 48 FEC MALL GENTER		
1. NAME OF COMMITTEE (in	n full)	(Check if is change		Example:I	f typing, type nes.		VVV		
GRANT LA	\LLY	OR CON	GRES	S, IN	<u> </u>			لــــــا	
ADDRESS (number a (Check if av is changed)	ddress	734 FRA SUITE 2 GARDEN	806		NUE ,	NY	11501 ZIP	LILLIA LILLIA J-LILLIA CODE	
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)									
(Check if address is changed)									
COMMITTEE'S WEB PAGE ADDRESS (URL)									
(Check if is change									
2. DATE 03" 14° 12014"									
3. FEC IDENTIFICATION NUMBER C 00557900									
4. IS THIS STATE	MENT	NEW (N)	OR	\boxtimes	AMENDED (A)				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
Type or Print Name of Treasurer CHRISTOPHER NOLAN									
Signature of Treasurer Date Date Date									
NOTE: Submission of false, erroneous, or incomplishe information may subject the person religning this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.									
Office Use Only				Feder	rther Information of al Election Commiss ee 800-424-9530			ORM 1 02/2009)	